STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155019			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  01	(X3) DATE SURVEY COMPLETED 08/05/2013
NAME OF P	ROVIDER OR SUPPLIEF			ADDRESS, CITY, STATE, ZIP CODE  CURRY PK	
GARDEN	I VILLA - BLOOMIN	IGTON		MINGTON, IN 47403	_
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	(X5) COMPLETION
TAG K010000	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
	State Licensure of the Indiana State accordance with Survey Date: 08		K010000		
	Facility Number Provider Number AIM Number: 1	er: 155019			
	Surveyors: Phili Code Specialist	lip Komsiski, Life Safety			
	Villa-Bloomingt compliance with Participation in 1 CFR Subpart 48 Fire, and the 200 Fire Protection A Life Safety Code 16.2. The origin was surveyed with Health Care Occeverything exception	ty Code survey, Garden on was found not in Requirements for Medicare/Medicaid, 42 3.70(a), Life Safety from 00 edition of the National Association (NFPA) 101, e (LSC), and 410 IAC all portion of the facility of the Chapter 19, Existing supancies and included of the Dining/Lounge area the renovated Sunroom			
	be of Type V (1)	ncility was determined to 11) construction and was  The facility has a fire			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

If continuation sheet

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	OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION 01	(X3) DATE ( COMPL	
		155019	A. BUII B. WIN	LDING		08/05/	
N. 1. 2	DOLUDER OF STATE	<u> </u>	b. WIN		DDRESS, CITY, STATE, ZIP CODE		
	ROVIDER OR SUPPLIER			1100 S	CURRY PK		
GARDEN	I VILLA - BLOOMIN	IGTON		BLOOM	IINGTON, IN 47403		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	*	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
1710		th smoke detection in the		1710			DATE
		s open to the corridors and					
		smoke detectors in					
	• •	n Unit 1, 2, and 3 with					
		te detectors in resident					
	rooms on Unit 4	, 5, and 6. The facility					
	has a capacity of	224 and had a census of					
	185 at the time of	of this survey.					
		the residents have					
	_	s were sprinklered. All					
		facility services were					
	_	pt for the Recreation  1 Station 1 and one					
	~ ~	used for facility storage.					
	detached garage	used for facility storage.					
	Quality Review	by Robert Booher, Life					
	Safety Code Spe	cialist-Medical Surveyor					
	on 08/09/13.						
	•	found not in compliance					
		entioned regulatory					
	-	evidenced by the					
	following:						

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Event ID: DEFE21

Facility ID: 000007

If continuation sheet

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		01	(X3) DATE : COMPL 08/05/	ETED
		155019	B. WIN			08/05/	2013
	PROVIDER OR SUPPLIER			1100 S	ADDRESS, CITY, STATE, ZIP CODE CURRY PK MINGTON, IN 47403		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
K010038 SS=E	readily accessible with section 7.1.  Based on observe facility failed to with electromagn unlocked until the reset. LSC 7.2.1 shall automatical unlocked until the signaling system. This applies to eleal doors to unlock approved fire alar accordance with requires a fire alar installed, tested a accordance with Fire Alarm Code requires all emer the fire alarm system serving the fire alarm syste	anged so that exits are at all times in accordance 19.2.1 ation and interview, the ensure 1 of 14 exit doors netic locks remained e fire alarm system was .6.2 (d) requires doors ly unlock and remain e fire protective has been manually reset. Lectromagnetic locks on ek upon actuation of an rm system installed in LSC 9.6. LSC 9.6.1.4 arm system to be and maintained in NFPA 72, the National NFPA 72, the National NFPA 72, the National signal by the fire alarm the protected premises. Cactice could affect 16 ation 5 as well as staff and ation on 08/05/13 at 3:10 at alarm test with the	K01	10038	K038 Garden Villa submits the following action as evidence of commitment to compliance with regulatory requirements. I. We corrective action(s) will be accomplished for those reside found to have been affected by the deficient practice? Door rescheduled for August 26, 2013 II. How other residents having potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to affected. Contractor contacted regarding the relay for 1 of 14 doors. Scheduled repair for August 26, 2013 for relay replacement. (part ordered) What measures will be put interplace or what systemic chang will be made to ensure the deficient practice does not recommend and the contraction. IV. He corrective action(s) will be made to ensure the deficient practice will not recur? Monte preventative maintenance rounds will be done on an on-going basis. V. Aug. 26, 2013	of its th hat hat onts by ppair 3. the lill. ones sur? les dow ent	08/26/2013

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Event ID: DEFE21

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If continuation sheet

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	of Correction identification number:  155019	(X2) MULTIPLE CC  A. BUILDING  B. WING	01	COMPLE 08/05/2	ETED
	PROVIDER OR SUPPLIER  I VILLA - BLOOMINGTON	1100 S	ADDRESS, CITY, STATE, ZIP COD CURRY PK MINGTON, IN 47403	E	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPI DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	which was adjacent to Station 5 did not release upon activation of the fire alarm system. Based on interview on 08/05/13 at 3:20 p.m. it was acknowledged by the Maintenance Supervisor the aforementioned exit door equipped with electromagnetic locks remained locked when the fire alarm system was activated.  3.1-19(b)				

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Event ID: DEFE21

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AND DE ANT CO						î ´	SURVEY
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING	01	COMPL	
		155019	B. WING	3 <u> </u>		08/05/	2013
	OVIDER OR SUPPLIER			1100 S	ADDRESS, CITY, STATE, ZIP CODE CURRY PK IINGTON, IN 47403		
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES		ID			(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΙĖ	DATE
K010052 SS=F	NFPA 101 LIFE SAFETY CO A fire alarm syste installed, tested, a accordance with N Code and NFPA 7 approved mainter complying with ap NFPA 70 and 72. Based on observate facility failed to a systems in accordance with N NFPA 72, 1-5.4. To be located in a to be heard. NFF fire alarms, super trouble signals to descriptively ann 3-8.1 allows fire components to shoperate as standacase, they shall be a single system. could affect all read and visitors.  Findings include  Based on observate p.m. with the Mathe primary phony was disconnected there was no trouter.	DDE STANDARD m required for life safety is and maintained in NFPA 70 National Electrical 72. The system has an nance and testing program oplicable requirements of 9.6.1.4 ation and interview, the maintain 1 of 1 fire alarm dance with NFPA 72, ational Fire Alarm Code. 6 requires trouble signals an area where it is likely PA 72, 1-5.4.4 requires rvisory signals, and be distinctive and nunciated. NFPA 72, alarm system hare control equipment or alone systems, but in any be arranged to function as This deficient practice esidents as well as staff	K01	0052	K052 Garden Villa submits following action as evidence of commitment to compliance wit regulatory requirements. I. Whe corrective action(s) will be accomplished for those resider found to have been affected be the deficient practice? Fire alarm system had a audible/visual switch added to current system this allows trous indicator light for automatic dialer. This was completed on August 12, 2013 by Koorsen For Protection. II. How other residents having the potential side affected by the same deficie practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. Fire alarm system has audible/visual switch added to current system this allows trous indicator light for automatic dialer. This was completed on August 12, 2013 by Koorsen For Protection. III. What measure will be put into place or what systemic changes will be made ensure the deficient practice do not recur? This update will be on Koorsen's	fits h h h h h ts y the ble ire d a the ble res e to oes	08/12/2013

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155019		A. BUII B. WIN	DING	01 	COMPL: 08/05/	ETED	
NAME OF PR	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE  CURRY PK		
GARDEN	VILLA - BLOOMIN	GTON			IINGTON, IN 47403		
(X4) ID PREFIX TAG	(EACH DEFICIENC REGULATORY OR	CATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
	Based on intervier p.m. with the Marwas acknowledge system was placed phone line from the disconnected, a way the dialer was not transmitted to the (FACP) adjacent to the 300 hall Not to the 300 hall Not to the second p.m.	ew on 08/05/13 at 3:05 cintenance Supervisor, it ed when the fire alarm ed into trouble when a the dialer was risual trouble signal on t activated and not e fire alarm control panel to the dialer located next urses' station and no ignal was generated at		IAU	annual alarm inspection for the facility. IV. How corrective action(s) will be monitored to ensure the deficient practice w not recur? Annual alarm inspection. V. August 12, 20	ill	DATE

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Facility ID: 000007

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155019			(X2) MU A. BUIL		NSTRUCTION 01	(X3) DATE : COMPL	ETED
		155019	B. WING	G		08/05/	2013
	ROVIDER OR SUPPLIER I VILLA - BLOOMIN			1100 S	Address, city, state, zip code CURRY PK IINGTON, IN 47403		
(X4) ID	SUMMARY S	FATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	rc	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	16	DATE
	NFPA 101 LIFE SAFETY CO If there is an auto installed in accord Standard for the I Systems, to provi all portions of the properly maintain NFPA 25, Standa Testing, and Mair Fire Protection Sy supervised. Ther water supply for t sprinkler systems flow and tamper s electrically conne alarm system.  1. Based on obse the facility failed sprinkler pipes w accordance with NFPA 13, Stand Sprinkler System edition, Section of cumulative horiz unsupported arm sprinkler drop, o exceed 24 inches inches for coppe practice could af	DDE STANDARD matic sprinkler system, it is dance with NFPA 13, nstallation of Sprinkler de complete coverage for building. The system is ed in accordance with ard for the Inspection, ntenance of Water-Based systems. It is fully the is a reliable, adequate the system. Required are equipped with water switches, which are cotted to the building fire 19.3.5 the revation and interview, and to ensure 5 of 8 armover the requirements of the Installation of the Installat			K056 (1) Garden Villa submithe following action as evidence of its commitment to compliance with regulatory requirements. What corrective action(s) will be accomplished for those reside found to have been affected be the deficient practice? Circle City Fire Protection was contracted in to preform an inspection of all "armover" sprinkler piping, fixing all piping according to NFPA standards. II. How other residents having the potential be affected by the same deficipractice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. Circle City Fire Protection was	its ce ce I. ce nts py	
	Based on observ 2:36 p.m. with th	ations on 08/05/13 at ne Maintenance			contracted in to preform an inspection of all "armover" sprinkler piping, fixing all piping according to NFPA		

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Event ID: DEFE21

Facility ID: 000007

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	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) N	IULTIPLE CO	NSTRUCTION	(X3) DATE SU	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	ILDING	01	COMPLE	TED
		155019	B. WI			08/05/2	013
2712					ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER	L .		1	CURRY PK		
	VILLA - BLOOMIN			BLOOM	IINGTON, IN 47403		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG			DATE
Supervisor, there were five unsupported				standards. III. What measu	res		
	steel armover sprinkler pipes which were				will be put into place or what	- 4-	
over thirty inches in length located in					systemic changes will be made		
	_	djacent to Station 5 west.			ensure the deficient practice d not recur? All "armover"	oes	
		d armover sprinkler pipes			sprinklers have been inspecte	d	
					and fixed. Any new sprinkler	~	
		the washing machine			installs will be in accordance v	vith	
		supported armover			NFPA standards. IV. How		
	sprinkler pipe wa	as observed in the dryer			corrective action(s) will be		
	room. Based on	interview on 08/05/13			monitored to ensure the defici-	ent	
	concurrent with	the observations with the			practice will not recur? All		
	Maintenance Su				"armover" sprinklers have bee	n	
	· ·	ne aforementioned			inspected and fixed. Any new		
	_				sprinkler installs will be in		
	_	rinkler pipes exceeded			accordance with NFPA standards. V. August 21, 20	113	
	thirty inches in le	ength and were			K056 (2) Garden Villa		
	unsupported.				submits the following action as		
					evidence of its commitment to		
	3.1-19(b)				compliance with regulatory		
					requirements. I. What correct	ive	
					action(s) will be accomplished	for	
	2. Based on obs	ervation and interview,			those residents found to have		
	the facility failed	l to ensure sprinkler			been affected by the deficient		
	_	ed a minimum of 6 feet			practice? A divider has been		
		utomatic sprinkler			installed to separate the two(2 sprinkler heads in accordance		
		13, Section 5-6.3.4, "			with NFPA guidelines. II. Ho		
	~	nce between Sprinklers ",			other residents having the		
		•			potential to be affected by the		
	_	shall be spaced not less			same deficient practice will be		
		nter. This deficient			identified and what corrective		
	practice could af	fect 26 residents on			action(s) will be taken? All		
	Station 3 east as	well as staff or visitors.			residents have the potential to	be	
					affected. A divider has been	,	
	Findings include	:			installed to separate the two(2		
	1 mamgo merade	•			sprinkler heads in question. What measures will be put into	. 	
	Danad a 1	otion on 09/05/12 of 1:40			place or what systemic change		
		ation on 08/05/13 at 1:40			will be made to ensure the		
	p.m. with the Ma	aintenance Supervisor,			deficient practice does not rec	ur?	

	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	IULTIPLE CC	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	01	COMPLETED
		155019	B. WIN			08/05/2013
2712	NOVERNO 0				ADDRESS, CITY, STATE, ZIP CODE	
NAME OF F	PROVIDER OR SUPPLIER				CURRY PK	
	VILLA - BLOOMIN	GTON			IINGTON, IN 47403	
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	the Conference room next to the Station 3				Circle City Fire Protection w	as
	nurse's station ha	nd two wall mount			contracted in to preform an	1-
	sprinkler heads o	on the east wall which			inspection of all sprinkler head No current problems. IV. H	
	-	o be four and one half			corrective action(s) will be	OW
	feet apart. Based				monitored to ensure the defici	ent
	08/05/13 at 1:44				practice will not recur? Circ	
		•			City Fire Protection was	
	Maintenance Sup	•			contracted in to preform an	
		e two sprinkler heads			inspection of all sprinkler head	
	observed were le	ess than six feet apart.			No current problems. If any ne	ew
					sprinklers are added it will be within NFPA guidelines.	
	3.1-19(b)				V. August 21, 2013 K056 (	(3)
					Garden Villa submits the	(0)
	3. Based on obse	ervation and interview,			following action as evidence o	f its
		I to ensure 1 of 36 rooms			commitment to compliance wit	
	<u> </u>	provided with an			regulatory requirements. I. W	hat
		-			corrective action(s) will be	
		ler head to ensure			accomplished for those reside	
	^	ge in all portions of the			found to have been affected to	•
	_	eficient practice could			the deficient practice? Circle City Fire Protection has been	;
	affect 72 residen	ts as well as visitors or			contracted to install one(1)	
	staff.				sprinkler in St. 1 Rec Therapy	
					room . To be completed on	
	Findings include				August 23, 2013 II. How othe	r
		-			residents having the potential	
	Rasad on observe	ation on 08/05/13 at 1:20			be affected by the same defici	ent
					practice will be identified and	_
	1 *	nintenance Supervisor,			what corrective action(s) will be taken? All residents have the	
		herapy room on Station 1			potential to be affected. A	·
	_	l with sprinkler head			sprinkler will be installed in Re	ec
	protection. Base	ed on interview on			Therapy room. III. What	-
	08/05/13 concurr	rent with the observation			measures will be put into place	e or
	it was acknowled	lge by the Maintenance			what systemic changes will be	)
	Supervisor, the aforementioned room was				made to ensure the deficient	
	not equipped wit				practice does not recur? Plan	t
	1 11	*			Ops staff will insure that any	
	_	er to provide complete			alterations to the building layo	
	sprinkler coverag	ge to all areas of the			will have adequate sprinklers i	""

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	ONSTRUCTION 01	COMPLETED	
11.212111		155019	A. BUILDING B. WING		08/05/2013
				ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	ROVIDER OR SUPPLIEF	8	1100 S	CURRY PK	
GARDEN	I VILLA - BLOOMIN	IGTON	BLOOM	/INGTON, IN 47403	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	•	ICY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	E COMPLETION DATE
IAU	facility.	LEGE IDENTIFTING INFORMATION)	IAU	accordance with NFPA	DATE
	3.1-19(b)			ctive O	
	3.1-19(ff)			ensure the deficient practice not recur? Plant Ops staff v	vill
				insure that any alterations to building layout will have ade	
				sprinklers in accordance with NFPA guidelines. V. Augur 2013	h
				2010	

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	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING	03	COMPL	
		155019	B. WIN	G		08/05/	2013
NAME OF D	ROVIDER OR SUPPLIER		_	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	ROVIDER OR SUFFLIER			1100 S	CURRY PK		
	I VILLA - BLOOMIN			BLOOM	IINGTON, IN 47403		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
K030000							
	A Life Sefety Co	ode Recertification and	VO:	30000			
	_		KU.	50000			
		Survey was conducted by					
		Department of Health in					
	accordance with	42 CFR 483.70(a).					
	Cumus Datas 00	/05/12					
	Survey Date: 08	/03/13					
	Facility Number:	: 000007					
	Provider Numbe						
	AIM Number: 100275040						
	7 HIVI I VAIHOUI. I	00273010					
	Surveyors: Phill	ip Komsiski, Life Safety					
	Code Specialist	r i i i i i i i i i i i i i i i i i i i					
	At this Life Safe	ty Code survey, Garden					
		on was found not in					
	_	Requirements for					
	•	Medicare/Medicaid, 42					
	*	3.70(a), Life Safety from					
	•	• • •					
	*	0 edition of the National					
		Association (NFPA) 101,					
	_	e (LSC), and 410 IAC					
		addition to the facility					
	_	th Chapter 18, New					
	Health Care Occ	•					
	Dining/Lounge a	area on Station 3 and the					
	renovated Sunro	om on Station 1.					
	This one story fa	cility was determined to					
	be of Type V (11	1) construction and was					
	fully sprinklered	. The facility has a fire					
		th smoke detection in the					
	,						

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Event ID: DEFE21

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155019		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 03	(X3) DATE SURVEY COMPLETED 08/05/2013
	PROVIDER OR SUPPLIE N VILLA - BLOOMIN		1100 S	ADDRESS, CITY, STATE, ZIP CODE CURRY PK MINGTON, IN 47403	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	and battery powresident rooms of hard wired smol rooms on Unit 4 has a capacity of 185 at the time of the All areas where customary access areas providing sprinklered excess garage used for the facility was with the aforem	the residents have ss were sprinklered. All facility services were ept for the one detached			

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Event ID: DEFE21

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(x2) MULTIPLE CONSTRUCTION  A. BUILDING  03			(X3) DATE SURVEY COMPLETED		
		155019	B. WIN			08/05/	2013	
NAME OF PROVIDER OR SUPPLIER  GARDEN VILLA - BLOOMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE  1100 S CURRY PK  BLOOMINGTON, IN 47403					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)			(X5) COMPLETION DATE	
K030052 SS=F	installed, tested, a accordance with I Code and NFPA approved mainter complying with a systems in according 1999 Edition, Na NFPA 72, 1-5.4. to be located in a to be heard. NFI fire alarms, supertrouble signals to descriptively and 3-8.1 allows fire components to sloperate as stand case, they shall be a single system. could affect all reand visitors.  Findings include Based on observent p.m. with the Matthe primary phorowas disconnected there was no trouser to the fire alarms of the fire	m required for life safety is and maintained in NFPA 70 National Electrical 72. The system has an nance and testing program oplicable requirements of 9.6.1.4 ation and interview, the maintain 1 of 1 fire alarm dance with NFPA 72, ational Fire Alarm Code. 6 requires trouble signals an area where it is likely PA 72, 1-5.4.4 requires rvisory signals, and to be distinctive and nunciated. NFPA 72, alarm system hare control equipment or alone systems, but in any the arranged to function as This deficient practice esidents as well as staff	K03	30052	K052 Garden Villa submits following action as evidence o commitment to compliance wit regulatory requirements. I. Will corrective action(s) will be accomplished for those reside found to have been affected by the deficient practice? Fire alarm system had a audible/visual switch added to current system this allows trous indicator light for automatic dialer. This was completed on August 12, 2013 by Koorsen F. Protection. II. How other residents having the potential be affected by the same defici practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. Fire alarm system has audible/visual switch added to current system this allows trous indicator light for automatic dialer. This was completed on August 12, 2013 by Koorsen F. Protection. III. What measure will be put into place or what systemic changes will be made ensure the deficient practice donot recur? This update will be on Koorsen's	fits h h h h h tis h	08/12/2013	

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:  155019		UILDING 03		COMPLETED  08/05/2013			
NAME OF P	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE						
GARDEN VILLA - BLOOMINGTON				1100 S CURRY PK BLOOMINGTON, IN 47403					
GARDEN (X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENCE REGULATORY OR 08/05/13 at 3:05 Maintenance Sup acknowledged w was placed into t from the dialer w trouble signal on activated and not alarm control par the dialer located Nurses' station a	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) p.m. with the		ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)  annual alarm inspection for the facility. IV. How corrective action(s) will be monitored to ensure the deficient practice w not recur? Annual alarm inspection. V. August 12, 20	ill	(X5) COMPLETION DATE		
	3.1-19(b)								

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